

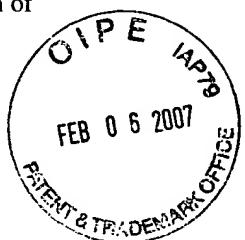
REFERENCE & ASSOCIATES
Amendment Transmittal

Atty. Docket No. 696.004

152 2685

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Srinivasan et al.
Serial No. : 09/805,310 Examiner : B. Jackson
Filed : March 13, 2001 Group Art Unit : 2685
For : METHOD AND APPARATUS FOR TIME-AWARE AND
LOCATION-AWARE MARKETING



HON. COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.

OR

2. In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

3. Small Entity status of this application has been previously established.

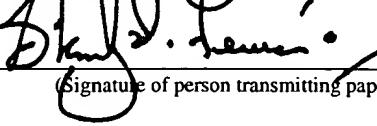
4. A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF TRANSMITTAL

I hereby certify that this correspondence and any documents referred to as enclosed therewith are being deposited with the United States Postal Service as first class mail, addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on January 29, 2007.

Stanley D. Ference III

(Type or print name of person transmitting paper or fee)

A handwritten signature in black ink, appearing to read "Stanley D. Ference III".

(Signature of person transmitting paper or fee)

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5. Also enclosed: _____

6. No additional filing fee is required.

7. The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
				RATE	FEE	RATE	FEE
Total Claims	4	** 20	= * 0	x \$25	= 0	O x \$50	=
Ind. . Claims.	4	*** 4	= * 0	x \$100	= 0	O x \$200	=
<input type="checkbox"/> Multiple Dependent Claim Presented				+ \$180	=	O + \$360	=
				<u>TOTAL</u>	= \$0	O <u>TOTAL</u>	= \$

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space

*** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

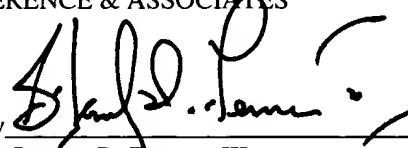
8. Applicant encloses herewith a check for \$____ to cover the filing fee.

9. Attached is a completed Credit Card Payment Form. The Commissioner is hereby authorized to charge the \$____ filing fee to the credit card identified in the Credit Card Payment Form submitted herewith.

10. The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to the credit card identified in the Credit Card Payment Form submitted herewith.

Respectfully submitted,

FERENCE & ASSOCIATES

By 
Stanley D. Ference III
Reg. No. 33,879

Dated: January 29, 2007

Mailing Address:

Customer No. 35195
FERENCE & ASSOCIATES
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Pittsburgh, Pennsylvania 15143
(412) 741-8400
(412) 741-9292 - Facsimile